

**SAN DIEGO POLICE DEPARTMENT  
FORENSIC SCIENCE SECTION**

<b>SEX CRIMES TOXICOLOGY REQUEST</b>				
Unit/M.S.		Case No.		Today's Date
Subject's LAST Name		Subject's First Name		Subject's DOB
Detective's Name		Phone	Sergeant's Name	
Property Tag No.		Blood Alcohol No.		Urine Alcohol No.
Date/Time of Assault		Date/Time of Forensic Examination		Number of Hours Between Incident and Sample Collection
<b>BLOOD</b>		<b>FIRST VOID URINE</b>		<b>SECOND VOID URINE</b>
BA result, if known: _____		TIME: _____		TIME: _____

**SUBJECT SYMPTOMS**

**Please circle: A: Patient History B: Observed A&B: Both**

Disturbance of Consciousness	Memory Impairment	Neurological	Psychophysiological	GI/GU
Drowsiness A      B	Confusion A      B	Muscle relaxation A      B	Excitability A      B	Nausea A      B
Sedated* A      B	Memory Loss A      B	Dizziness A      B	Aggressive behavior A      B	Vomiting A      B
Stupor A      B		Weakness A      B	Sexual stimulation A      B	Diarrhea A      B
Loss of Consciousness A      B		Slurred Speech A      B	Loss of inhibitions A      B	Incontinence Urine/Feces A      B
		Paralysis A      B	Hallucinations A      B	
		Seizures A      B	Dissociation A      B	
		Pupil Size Reaction: _____		

How long was the subject unconscious: \_\_\_\_\_

Date and time of suspected ingestion: \_\_\_\_\_

How many times did the subject void prior to the urine collection? \_\_\_\_\_

How much alcohol did the subject consume? \_\_\_\_\_

Type of alcohol: \_\_\_\_\_

*Name of drugs taken (recreational, prescription or over the counter)	Last dose:
	Date:      Time:
	Date:      Time:

**BASED ON HISTORY AND SYMPTOMS, SELECT DRUG PANEL(S):**

General Drugs (Urine)	Amphetamines Benzodiazepine	Cocaine Marijuana	Opiates	Phencyclidine
Prescription Drugs (Urine)	Chlorpheniramine Amitriptyline Imipramine Meperidine	Orphenadrine Desipramine Dextromethorphan Barbiturates	Carisoprodol Brompheniramine Methaqualone Thioridazine	Diphenhydramine Meprobamate Lidocaine Verapamil
Specialized Sex Crimes (Urine)	Barbiturates GHB	Soma Scopolamine	Ketamine	Rohypnol
Sergeant's Approval Required				
Other (Urine)	Specify: _____			
Alcohol (Blood)				